PTO/SB/17 (12-04v2)

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Effective on 12/08/209 Fees pursuant to the Consolidated Appropriations Ado 2005 (H.R. 4818).

TRANSM For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 595.00

Name (Print/Type) David M. Driscoll

Complete if Known						
Application Number	10/656,845 September 5, 2003					
Filing Date						
First Named Inventor	Jung Tae KIM					
Examiner Name	Jiping LU					
Art Unit	3749					
Attorney Docket No.	02454-1	_				

METHOD OF PAYMENT (check all that apply)										
MIETHOD OF PAYMEN	ı (cneck al	i that apply)								
Check Credit Card Money Order None Other (please identify):										
✓ Deposit Account Deposit Account Number: 19-0120 Deposit Account Name: Salter & Michaelson										
For the above-identified deposit account, the Director-is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
war 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEA			N FEES							
	FILING	FEES Small Entity	SEARC			IATION FEES				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$)										
Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200							100			
· · · · · · · · · · · · · · · · · · ·						360	180			
Total Claims						Multiple Dependent Claims				
20 or HP =	0	x	=_			<u>Fee (\$)</u>	Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)										
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g., late filing surcharge): RCE filing fee \$395.00										
Signature Registration No. 25,075 Telephone 401-421-3141										
Signature // 🗸//	$M \mid H \mid X$	will	1/4	gionau/Agent)	25.075	l elephone	401-421-3141			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attorney/Agent)

Date (1